

PLAINTIFF

CHARLES BOOCOCK

DEFENDANT

THOMAS J. DART

COURT CASE NUMBER

19C 3877

TYPE OF PROCESS

SUMMONS

Waiver

SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

THOMAS J. DART, COOK COUNTY SHERIFF

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

DALEY CENTER, 50 W. WASHINGTON, ROOM 704, CHICAGO, IL, 60602

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

CHARLES BOOCOCK
 #20180503001
 PO BOX 089002
 CHICAGO, IL 60608

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

FILED

OCT 10 2019

THOMAS G. BRUTON
 CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

Cu — —

PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

N/A

DATE

9/25/19

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.

(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

1/1

District of Origin

No. 24

District to Serve

No. 24

Signature of Authorized USMS Deputy or Clerk

Date

PID

10/03/19

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

10/09/19

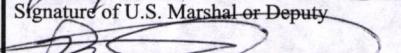
Time

421

am

pm

Signature of U.S. Marshal or Deputy



Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
65.00	—	—	65.00			

REMARKS: 10/03 emailed Waiver

10/09 Waiver of Service Accepted

9P E 186T. 2 100 SUSAN 008